



PATENT  
450100-03085

28  
7/29/02  
6/A

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Eiji KAWAI  
Serial No. : 09/819,210  
For : SALES ACTIVITY MANAGEMENT SYSTEM,  
SALES ACTIVITY MANAGEMENT  
APPARATUS, AND SALES ACTIVITY  
MANAGEMENT METHOD  
Filed : March 28, 2001  
Examiner : Vig, Naresh  
Art Unit : 3629

745 Fifth Avenue  
New York, NY 10151

**EXPRESS MAIL**

Mailing Label Number: EV 073692280 US

Date of Deposit: July 19, 2002

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: Assistant Commissioner for Patents, Washington, DC 20231.

*Edward Nay*

(Typed or printed name of person mailing paper or fee)

*[Signature]*

(Signature of person mailing paper or fee)

**RECEIVED**

**JUL 28 2002**

**GROUP 3600**

**AMENDMENT**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

In response to the outstanding Office Action dated May 3, 2002, please amend  
this application as follows.



07-22-02

GP3629/

PATENT  
450100-03085

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Serial No. : 09/819,210  
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GROUP 3600

745 Fifth Avenue  
New York, New York 10151  
Tel. (212) 588-0800Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

## Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	* 25	Minus	** 26 =	* 0 x	\$18 (9)	= \$ 0
Independent claims	* 3	Minus	*** 4 =	* 0 x	\$84(42)	= \$ 0
			Total additional fee for this amendment			\$ 0

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$280(140) has been previously paid \_\_, or is paid herewith \_\_.
- ☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a -month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$\_\_ is attached, which covers the cost of \_\_ additional claims \_\_ petition for extension of time.
- ☐ Charge \$\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Edward Nay

(Typed or printed name of person  
mailing paper or fee)

Edward Nay

(Signature of person mailing paper or fee)

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicant

By:

Gordon Kessler  
Reg. No. 38,511  
Tel. (212) 588-0800